



Hope Community Christian Academy

Registration Packet 2018-2019

970.563.0692

hopecommunitychristian@hotmail.com

STUDENT INFORMATION

Name: _____ Preferred Name: _____

DOB: ____/____/____ Age: ____ Current Grade: ____ Gender: Male/Female

Student Lives with ____ Mother ____ Father ____ Other

If other, please explain: _____

Does your child have any allergies? _____ If yes, please explain any precautions needed.

FAMILY INFORMATION

Mailing Address: _____ City _____ State ____ Zip _____

Home Phone: _____

Email Address: _____

Please list all siblings living at home:

Name	Age	School
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FOR OFFICE USE ONLY

Date registration received _____ Registration fee paid _____

Educational Gap Fee Payment Plan (include date paid in full):

Plan A ____ Plan B ____ Plan C ____ Plan D ____ Plan E ____

FATHER'S INFORMATION

Name: _____

Occupation: _____ Business Phone: _____

Cell Phone: _____

Number of hours worked weekly outside of the home: _____

MOTHER'S INFORMATION

Name: _____

Occupation: _____ Business Phone: _____

Cell Phone: _____

Number of hours worked weekly outside of the home: _____

GENERAL QUESTIONS

1. Are there any points of the statement of faith, education philosophy or school policies which are inconsistent with your goals for your family? _____ If so, please explain: _____

2. Who will be the main instructor for the home days? _____

3. Do you understand and are you prepared to oversee the home days of HCCA? _____ Please explain how you plan to effectively fulfill your role as the home teacher. _____

4. Please list any talents or abilities the **father** may wish to contribute to the school from time to time (Social service ideas, guest speaker, facility maintenance, work days, etc).

5. Please list any talents or abilities the **mother** may wish to contribute to the school from time to time (Social service ideas, guest speaker, facility maintenance, work days, etc).

6. State the three primary reasons you desire for your child to attend HCCA:
- A. _____
- B. _____
- C. _____
7. How did you learn about HCCA? _____
8. Did any currently enrolled parent talk to you about HCCA and encourage you to attend? If so, please list the family's name (for our Catch an Eagle Program). _____

STUDENT SPECIFIC QUESTIONS

While HCCA is not staffed to provide special education services, teachers will work with parents to develop the best instruction for unique educational needs. For your child's best interest, please be candid when answering the following questions.

1. Please indicate your observations of your child's behavior in the following areas:
- Shows respect to parents: Yes No
- Shows respect to other adults: Yes No
- Shows respect to other kids: Yes No
- Obedience in following instructions: Yes No
- Able to focus on quiet learning tasks: Yes No
- Shows self-control in group activities and/or discussions: Yes No
- Works independently on known tasks: Yes No
- Shows self-control/obedience to follow simple rules: Yes No
2. Please describe the types of previous instruction that your child has received (ex. home school, public school, etc.) _____
- _____
- _____
3. Please complete the following information on the last school your child attended:
- Name of School: _____
- Type of School (public, private, home school): _____
- Phone: _____
- Address: _____
4. In general, how would you rate your child's average academic performance on a standard grading scale (A, B, C, etc.)? _____

5. Please provide us with your parental perspective on your child by describing your child's strengths and abilities, and special areas of interest or concern. _____

6. Has your student had any academic problems? If yes, please explain: _____

7. Has the student ever repeated a grade for any reason? _____ If yes, which grade: _____
8. Has your student had any behavioral or disciplinary difficulties? If yes, please explain: _____

9. Has your child ever been expelled, suspended, asked to leave, or denied re-enrollment at a previous school? _____ If yes, please explain: _____

10. Has your child ever been referred for testing, placed in a special program, required special help, or tutoring? _____

Gifted/Talented: Yes No

Learning Disability: Yes No

Physical Disability: Yes No

IEP/ISP: Yes No

Hearing: Yes No

Vision: Yes No

Speech: Yes No

Dyslexia: Yes No

ADD/ADHD: Yes No

Anxiety Disorder: Yes No

Emotional Issues: Yes No

Social Issues: Yes No

Behavioral Issues: Yes No

Other _____

If you answered yes on any questions in #10, please explain: _____

Purpose Statement

Hope Community Christian Academy exists to glorify God, providing hope for the future, developing Christ-like leaders by partnering with families in Christian education (Phil. 2:12-16).

Mission Statement

Serving Christ, educating children, and empowering families (Deut. 6).

Vision Statement

We want to see everyone we serve walking in the truth and accomplishing their full potential in Christ (3 Jn. 1:4).

STATEMENT OF FAITH

What We Believe

The Bible [all the books of the Old and New Testament] is the true written message of God to the world. The writers of the Bible were inspired by God and are therefore completely trustworthy. The Bible is the final authority on all matters to which it speaks.

There is one God, who exists forever in perfect community as three persons: Father, Son, and Holy Spirit.

Jesus Christ is fully man and fully God. He is the perfect reflection of God's character and glory. He lived a sinless life and offered himself as the only perfect sacrifice for the sins of all people by dying on the cross. All who believe in Him are declared righteous on the basis of His death and resurrection. He rose physically from the dead and will return again to earth to reign forever with those who are His.

Humans are created in the image of God, but each one has fallen short of God's perfect standard and is in need of salvation.

Salvation from our sinful condition is a free gift from God to us. It is not something we earn or deserve. It is offered in grace and received by faith in Jesus Christ alone.

Non-Denominational Position

HCCA does not promote or endorse any particular denomination. It is our desire to maintain this position for the purpose of unity and fairness to each student. Other doctrinal issues upon which HCCA has no official stance will be considered secondary doctrine and will not be taught. In the event secondary doctrine is brought up, students will be referred back to the family for final authority. We desire to remain united in the salvation and love of Christ, avoiding any dissension that may be caused by denominational distinctions.

By signing below we acknowledge HCCA's Statement of Faith as an expression of who they are and what will be taught in the classroom.

Parent/Guardian Signature

Date

PARENT CODE OF CONDUCT

"May the words of my mouth and the meditation of my heart be pleasing in your sight, O Lord, my Rock and my Redeemer." Psalm 19:14

Parents should model humility, gentleness, and spiritual maturity to their students by treating HCCA staff with respect, both publicly and privately. Our communication to and about one another must be seasoned with grace, edifying to others, and glorifying to God. This applies to all HCCA events.

Parent Code of Conduct Violations and Enforcement

Violations to the Parent Code of Conduct will be treated as follows:

- 1) If a parent acts or speaks in an unkind or disrespectful manner to any HCCA staff, the matter will be taken up by the administrator.
- 2) The second violation will result in a warning letter.
- 3) If circumstances continue without improvement, it will then be handled directly by the school board and appropriate consequences will be put into place immediately in order to maintain the relationship HCCA is striving toward between school and families,

PARENT RESPONSIBILITIES

Train up a child in the way he should go, even when he is old he will not depart from it. Proverbs 22:6

1. Parents must be familiar with and in agreement with HCCA's purposes and policies, and abide by HCCA's rules and regulations, including the Parent Code of Conduct. Parents are responsible for enforcing the Student Code of Conduct, Dress Code and other policies. Parents must be committed to the UMS learning experience and Christian environment of HCCA. If difficulties arise due to the parents' failure to consult school policies, to read communication, or to attend HCCA meetings, parents must accept full responsibility for the consequences of an uninformed decision.
2. Parents must agree to release responsibility to HCCA concerning curriculum, course load, classroom instruction and pace. Academic standards and school discipline ensure the greatest success of the students at HCCA. If parents have a concern regarding any of these aspects, they should first consult the classroom teacher.
3. Parents are responsible for purchasing the required home curriculum material as outlined in the curriculum guides.
4. Parents must be committed to providing partnership instruction (regular structure, completing home assignments, and helping the student as needed) on the home days in order to provide quality education in accordance with the laws of the State of Colorado.
5. The home teacher will not simplify or change assignments, but will work with the classroom teacher to achieve the course goals and objectives. Parents are encouraged to enrich assignments

for advanced students or supplement to assist children with various learning styles with teacher partnership. However, assignments must be completed as assigned by the due date.

6. Although there may be times you do not agree with a situation, with a teacher, or HCCA, it is important that the children see a unified front. You must be supportive of HCCA and the teacher.
7. Students must arrive on time for class. It is the parent's responsibility to notify HCCA by phone if their child will be gone from school for the day, arriving late, or leaving early.
8. Parents are responsible for their child's snack and lunch on school days.
9. Parents are encouraged to participate with their children on all activities. Parents must provide or arrange for transportation, supervision, and all necessary costs of their child if the parent cannot attend.
10. Families agree to attend trainings and meetings held throughout the year.
11. Parents are required to volunteer a minimum of 4 hours per semester (8 hours per year) or serve on a team for the year, serve at the school one day per semester, and clean school rooms once per semester.
12. By its very nature, HCCA encourages a high level of participation. To best protect our students and the school, HCCA requires a sexual offender background check for all adults that will be volunteering at the school. The cost of the background check is included in the registration fee for enrolled students. All information will be kept confidential and will be screened by the administrator.
13. Parents are requested to advise the teacher of any change in the student's environment that would affect the student's academic performance (i.e. vacation, prolonged illness, etc.). Vacation lesson plans must be requested two weeks prior to absence.

If the family is unwilling to comply with the Parent Code of Conduct and/or the Parent Responsibilities, the student may be withdrawn from HCCA or barred from admission to HCCA the following semester.

Parent/Guardian Signature Date

READING OF THE PARENT STUDENT HANDBOOK

I have read and understand the Parent Student Handbook.

Parent/Guardian Signature Date

STUDENT CODE OF CONDUCT

It is by deeds that young people distinguish themselves, if their conduct is pure and right. Proverbs 20:11

The purpose of HCCA's Student Code of Conduct is to promote a Christ-like attitude in its learning environment and to encourage the development of positive Christian relationships among its students. Therefore, it is important that specific guidelines regarding behavior while attending HCCA be set. This applies to all HCCA events.

1. Treat each other with respect, kindness, purity and compassion just as God commands us in Matthew 7:12, "So in everything do to others what you would have them do to you."
2. Students are expected to be truthful, honest, and upright in their words and actions as a matter of personal conscience and beliefs.
3. Students must be willing to submit to Biblical authority.
4. Students must show respect to adults at all times. A title (Mr., Ms., Coach, etc) and appropriate tone must be used when addressing an adult.
5. Maintain appropriate grooming and clothing standards according to the HCCA Student Dress Code.
6. Cell phones are permitted with parent permission, but are only allowed for emergency use and must be on silent mode. Electronic equipment may not be used in the classroom; including, but not limited to, audio devices such as CD players, MP3s, and iPods.
7. Drug, alcohol, and tobacco use is strictly forbidden.
8. Weapons of any kind are not allowed on campus.

Student Code of Conduct Violations and Enforcement

HCCA feels that the school staff is primarily responsible to utilize mild forms of reproof, rebuke, and correction for the purpose of sound classroom management and that the parents are primarily responsible for dealing with discipline problems of an ongoing or more serious nature.

Violations to the Student Code of Conduct will be treated as follows:

- 1) The first violation will result in a warning.
- 2) The second violation will result in a conference with parents and student.
- 3) The third violation will result in the school limiting or withdrawing participation privileges in special activities (i.e. field trips).
- 4) Major and habitual violations of the Student Code of Conduct may result in consequences that lead to expulsion.

Parent/Guardian Signature	Date	Student Signature	Date
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STUDENT DRESS CODE

HCCA affirms that the appearance of students should be consistent with vital Christ-like morals. Certainly, for a dress policy to be effective, common sense and personal discretion by the HCCA community are essential. The Student Dress Code is applicable at all HCCA activities unless approval has been obtained by the administrator.

- Dress at all times should be modest and in good taste.
- Students are not allowed to wear clothing that is too tight, too baggy, or immodest.
- Hair should be clean and neatly styled, with no extreme styles or unnatural hair colors, which would cause distraction to the learning environment.
- Boys should remove caps, hats, hoods, and bandanas indoors.
- No clothing depicting illegal activity, sexual remarks, drugs or alcohol references.
- Shoes must be suitable for the weather and activity at the time (ex: no sandals in snow).
- Shorts, skirts, and slits should be no higher than 2" above the knee.
- No slippers, pajamas, bathing suits, or bare feet.

Violations to the Student Dress Code will be treated as follows:

- 1) The first violation will result in a warning and require that the student have appropriate clothing brought from home.
- 2) The second violation will result in a conference with the parents and student.
- 3) The third violation will require that the student be picked up by a parent and not attend school for the rest of the day.
- 4) Major and habitual violations of the Student Dress Code may result in consequences that lead to expulsion.

The goal for our Student Dress Code is to TEACH modesty and not just MAKE students dress modestly. By giving students more of a choice in what to wear, they develop a stronger ability to make right decisions. Ultimately the teacher has the final say on whether or not clothing worn meets the Student Dress Code standard.

Parent/Guardian Signature	Date	Student Signature	Date
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STUDENT PLACEMENT POLICY

One of the benefits of an elementary University-Model® school is that students are allowed to move up or down one grade level in a given subject based on their ability. The following steps are used to properly place students:

Step 1: The recommendation for student placement must come from the primary teacher. At time of the recommendation, the teacher will have had adequate time in the classroom to observe students' academic progress and maturity level. The teacher will have assessments as well that show student's current performance and proficiency.

Step 2: The teacher will then present the information to the parents and administrator. If the student's parents feel comfortable with the placement, a transition plan will be developed.

By signing below, we acknowledge parents are responsible for the cost of any new consumable curriculum used and agree to respect the school's decision on the placement of the student.

Parent/Guardian Signature	Date
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VOLUNTEER REQUIREMENTS

Volunteering, as well as donations, helps meet the difference between educational gap fee income and actual expenses. Each family is required to volunteer a **minimum** of eight hours per school year, serve one day each semester at the school, **and** clean school rooms once each semester. You have the option to volunteer a minimum of four hours per semester on various needs or to serve on a team for the year. Pick an area where you would enjoy serving and/or a team that utilizes your talents and gifts. In order to ensure each family is fulfilling their obligation through volunteer hours or team service, a deposit of \$250 will be made to the school accountant. The deposit will be returned at the end of the school year when required volunteer hours documented.

Please number your preferences (1st choice, 2nd, 3rd) from the following options to fulfill your family's volunteer requirement.

- Option A:** Help a minimum of four hours **per semester**. These times will be scheduled with the school office.

- Option B:** Serve on a team for the school year. Options include Social Service Activities Team, Fundraising Team, and Future Development Team. Pick an area where you would enjoy serving and/or a team that utilizes your talents and gifts. These are filled on a first come, first serve basis **and** at the discretion of the school administrator considering individual strengths and team needs. Please number your preferences in order. Being on a team means you must fulfill a minimum of eight hours of time.

- Fundraising - This team is responsible for HCCA's fundraisers for the school year. **Although fundraisers are planned by the team, all families are required to participate.**

- Social Service Activities - This team is responsible for organizing HCCA's four social service activities throughout the year.

- Future Development Team- This team is responsible for seeking out and planning avenues for school growth and recruitment.

I agree to fulfill my commitment to the items checked above, understanding if I do not do so I will forfeit the return of my volunteer time deposit. Only one parent per family must participate. Parents are responsible for logging their volunteer hours with the team leader.

Parent/Guardian Signature Date

OPTION TO BUY OUT CLEANING REQUIREMENT

One of the volunteer aspects of HCCA and avenues to keep education fees as low as possible is the cleaning of all school rooms by parents one time per semester. You have the option to fulfill your cleaning or buy out this obligation at the rate of \$100 per year. Please indicate your choice(s).

- I will fulfill my cleaning obligation of one time **per semester**.

- I choose to buy out my cleaning obligation **and** have included \$100.

- I would like to be paid to clean additional times beyond my obligation.

OPTIONAL DAYS & STATE REQUIREMENTS

To fulfill the Colorado state requirement of school days, HCCA counts field trips, social service activities, and Eagle's Explore Day as school days. **If you choose not to participate on one of these scheduled days, you will be required to complete supplemental assignments at home. Teachers must receive a written notification one week prior to the event.**

Parent/Guardian Signature Date

PERMISSION TO USE STUDENT'S PHOTOGRAPHS

HCCA may wish to use photographs of HCCA students on school bulletin boards, in educational publications, on our school Facebook page, and in general media releases (such as newspapers and thank yous). *No photographs of our students will be posted on our website or Facebook page.*

Student's Name: _____

I consent to the use of my child's image in HCCA publications.

I DO NOT consent to the use of my child's image in any HCCA publications, with the exception of the HCCA school year book.

Parent/Guardian Signature Date

RELEASE AUTHORIZATION

Please list who is authorized to pick up your child. Your child will not be released to anyone that is not on this list without a signed and dated note from the parents.

Name	Phone	Relationship to Child

UNAUTHORIZED RELEASE INFORMATION

Please list anyone who is NOT authorized by you, the parent, to pick up your child.

Name _____

EMERGENCY CONTACTS

Please list two people we should contact if we are unable to locate you in an emergency.

Name	Phone	Relationship to Child

MEDICAL RELEASE FORM

In the event that my child is injured and I cannot be reached to make arrangements for emergency medical attention, I hereby authorize HCCA to obtain and authorize emergency medical services and treatment for my child during the course of activities as warranted. This may include, but is not limited to, transportation to the nearest emergency facility for treatment deemed necessary by medical personnel. A member of HCCA's staff has my permission to sign any forms necessary to ensure prompt emergency treatment. The undersigned also assumes the responsibility for any and all costs associated or connected with such treatment and hereby releases HCCA and/or all acting on behalf of HCCA from any and all liability and agrees to hold harmless.

Parent/Guardian Signature Date

Physician's Name _____

Phone

Insurance Company _____

IMMUNIZATION REQUIREMENT

You must provide one of the following to HCCA:

- 1. A **certificate of immunization** certifying the student has received Colorado State required immunizations.
- 2. **Statement of exemption** to immunizations based on one of the three reasons:
 - a. a medical exemption signed by licensed physician explaining the circumstances
 - b. a religious exemption signed by the parent/guardian stating they adhere to a religious belief opposed to immunizations
 - c. a personal exemption signed by the parent/guardian stating they adhere to a personal belief opposed to immunizations.

RELEASE OF LIABILITY

I agree to assume all risks and hazards incident to my child's participation in school activities, including but not limited to: classes, recess, and enrichment activities. I hereby waive, release, and agree to hold harmless HCCA, its school board members, staff and volunteers from any injuries, harm or other damages that may occur to me and/or my child while attending HCCA and HCCA sponsored events. I understand that HCCA staff and volunteers may not be held responsible in the event of accident or emergency. I understand that all precautions and safety procedures will be taken to ensure the health and safety of my child.

Parent/Guardian Signature Date

CONTRACT WITH IGNACIO SCHOOL DISTRICT

I understand HCCA and ISD have a contract which requires HCCA to show evidence of student attendance and academic rigor ensuring sound education. I understand that I must choose to enroll my child through the Ignacio School District website or to opt-out and choose payment option D.

Parent/Guardian Signature

Date

EDUCATIONAL FEE AGREEMENT

I acknowledge that the annual \$100.00 registration fee per student is non-refundable. I further acknowledge that my child will not be fully enrolled in HCCA until their registration package is received and completed in its entirety (form, fee, immunizations).

Re-enrollment packets will be sent out in May 2018 for the upcoming school year for all families who are in good standing with HCCA. Until May 15th, returning students and their families will be given priority for registration over non-enrolled applicants, after which time that priority is lost.

Please indicate how you plan to pay:

_____ **Payment Plan A:** Payment of **\$1200 for 2-day students** or **\$1500 for 3-day students** in full (by July 15, 2018). By selecting this payment plan, you are agreeing to fully participate in all fundraising efforts throughout the school year. By paying in full, you are committing to the whole year and are not eligible for a refund after the grace period. The grace period is from July 16 - July 31, 2018 for a 100% refund.

_____ **Payment Plan B:** 10 monthly payments of **\$120 for 2-day students** or **\$150 for 3-day students** (August 2018-May 2019). By selecting this option, you are agreeing to fully participate in all fundraising efforts throughout the school year. By selecting this option, you are signing up by semester. If you withdraw during the grace period, you will receive a 100% refund. After July 31, 2018 or November 14, 2018, no refunds will be given and you are committed to paying the full semester's fee even if you choose to withdraw mid-term.

*By selecting Payment Plan B, fee payments are due the 1st of each month beginning August 2018 and ending May 2019.

_____ **Payment Plan C:** 12 monthly payments of **\$100 for 2-day students** or **\$125 for 3-day students** (June 2018-May 2019) due the 1st of each month. By selecting this option, you are agreeing to fully participate in all fundraising efforts throughout the school year. By selecting this option, you are signing up by semester. If you withdraw during the grace period, you will receive a 100% refund. After July 31, 2018 or November 14, 2018, no refunds will be given and you are committed to paying the full semester's fee even if you choose to withdraw mid-term.

_____ **Payment Plan D (Full Tuition Fee Plan):** Payment of 2 or 3-day educational fee **plus \$3,250** per student in full. If you choose not to enroll your child with us through the Ignacio School District you will be responsible for the portion HCCA would receive through the ISD contract along with the educational fee. This is the true cost to educate a student at HCCA minus the fundraising necessary.

Payment Plan E (Fundraising Buyout Option): Payment of educational fee plus \$2,300 per student in full (by July 15, 2018). By selecting this option, you are opting out of any fundraising requirements. By paying in full you are committing to the whole year and are not eligible for a refund after the grace period. The grace period is from July 16 - July 31, 2018 for a 100% refund. **All other parent responsibilities must be met, including volunteer time and cleaning.**

We strongly encourage all families choosing to make monthly payments to complete the automatic withdrawal (ACH) form located at the back of registration and re-enrollment documents. This will create ease for both the families and the school.

Semester	Registration Deadline Date	Withdrawal Grace Period	Payment Months
Fall	June 15, 2018	July 16-July 31, 2018	June or August - December 2018
Spring	November 1, 2018	November 1-November 14, 2018	January-May 2019

A \$30 charge will be assessed for any checks being returned by your financial institution. A **finance charge of 6%** will be billed at the end of each month to all accounts that have a balance 60 days or older, unless other arrangements have been made with the school accountant.

Families will receive a 5% discount on tuition for the second enrolled sibling and a 10% discount on each additional enrolled sibling.

Parent/Guardian Signature Date

Hope Community Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, or other school-administered programs.

ACH CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize _____ (THE COMPANY) to initiate entries to my checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transaction credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Please Circle One: **ACH IN / ACH OUT**

(Name of Financial Institution)

(Address of Financial Institution) (City) (State) (Zip Code)

(Name on Account)

(Financial Institution Routing Number)

(Account Number) Checking Account Savings Account

Amount \$ _____

Signature of Client Date _____

Client Address (City) (State) (Zip Code)

Please Attach a Voided Check or Savings Deposit Slip Below:
